

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO

**JA349890**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>RONAN, SEAN M</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
AR NO. <b>2121</b>	POSITION <b>SERGEANT OF POLICE</b>	ADDRESS OF OCCURRENCE <b>2817 N MULLIGAN AVE</b>	
DATE OF APPOINTMENT <b>22-NOV-1993</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT <b>025</b>	BEAT/CALL NO. <b>2510R</b>	LOCATION CODE <b>092-ALLEY</b>	BEAT OF OCCURRENCE <b>2511</b>
SEX 1. M      2. F	RACE <b>WHITE</b>	DOB [REDACTED] <b>1970</b>	DATE OF OCCURRENCE <b>16-JUL-2017</b>
HEIGHT <b>601</b>	WEIGHT <b>205</b>	TIME <b>03:11:00</b>	DAY OF WEEK <b>SUNDAY</b>
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>2</u>	
1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ 2. OFF DUTY 3. SPECIAL EMPLOYMENT 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE?    1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>4</u>	
WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK	
TYPE OF ACTIVITY		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
A. AMBUSH - NO WARNING B. TRAFFIC STOP/PURSUIT C. INVESTIGATING SUSPICIOUS PERSON D. DISTURBANCE - DOMESTIC E. DISTURBANCE - MENTAL PATIENT F. DISTURBANCE - RIOT/MOB ACTION / CIVIL DISORDER G. DISTURBANCE - OTHER H. MAN WITH A GUN I. PURSUING/ARRESTING OFFICER J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____) K. OTHER		TYPE OF WEAPON/THREAT	
CHARGE _____ IUCR CODE _____ Attachment # <u>11</u>		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u>40 S&amp;W</u> <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE 1. OFFICER STRUCK WITH VEHICLE 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply):	
A. FATAL B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
A. DAYLIGHT      D. DUSK B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M      2. F RACE <b>WHITE HISPANIC</b> DOB <b>22-MAY-1999</b>	
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?		CB NO. <b>19509090</b> IR NO.	
A. CLEAR B. RAIN C. SNOW		GANG RELATED? 1. YES 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
D. FOG / SMOKE / HAZE E. SLEET / HAIL F. SEVERE CROSS WIND G. OTHER		NO. OF OFFENDERS PRESENT? <u>1</u>	
APPROXIMATE OUTDOOR TEMPERATURE: <u>68° F</u>			

Subject picked up weapon raising it and turning in the officers direction